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PTO/SB/82 (10-00)
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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/649,478
Filing Date	8-28-00
First Named Inventor	Chewning
Group Art Unit	2.662
Examiner Name	Not Assigned
Attorney Docket Number	99144

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Jacqueline Gregorski VP Patent Trademark Procurement BellSouth Intellectual Property Corp.

Signature

Date

5-22-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Application Number	09/649,478
Filing Date	8-28-00
First Named Inventor	Chewning
Title	Method + Systems of Network Management...
Group Art Unit	2662
Examiner Name	Not Assigned
Attorney Docket Number	99144

I hereby appoint:

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- ☒ Practitioner(s) named below:

Name	Registration Number
Nora M. Tocups	35,717
Marcus Delgado	38,122

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name: Jacqueline Gregorski, VP Patent Trademark Procurement, BellSouth Intellectual Property Corporation

Signature: *Jacqueline Gregorski*

Date: 5-22-03

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2662

PTO/SB/21 (05-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/649,478	
	Filing Date	08/28/2000	
	First Named Inventor	Chewning	
	Art Unit	2662	
	Examiner Name	Not Assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	0201-99144

ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Nora M. Tocups
Signature	<i>Nora M. Tocups</i>
Date	6/18/03

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Nora M. Tocups		
Signature	<i>Nora M. Tocups</i>	Date	6/18/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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